

### **REMARKS**

Claims 1-51 are pending herein. Claims 1, 18 and 35 have been amended. Applicants request reconsideration of the present application in view of the amendments and following remarks.

Applicants note that the other document entitled Microsoft TechNet, "Architectural Design: A Scalable, Highly Available Business Object Architecture" cited on the Information Disclosure Statement received on 7/23/2001 was not signed by the Examiner.

#### **35 U.S.C. § 103(a) Obviousness Rejections**

##### **Applicable Authority**

The basic requirements of a *prima facie* case of obviousness are summarized in MPEP §2143 through §2143.03. In order "[t]o establish a *prima facie* case of obviousness, three basic criteria must be met. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art, to modify the reference or combine reference teachings. Second, there must be a reasonable expectation of success [in combining the references]. Finally, the prior art reference (or references when combined) must teach or suggest all the claim limitations. The teaching or suggestion to make the claimed combination and the reasonable expectation of success must both be found in the prior art, and not based on applicant's disclosure. *In re Vaeck*, 947 F.2d 488, 20 USPQ2d 1438 (Fed. Cir. 1991)." MPEP § 2143. Further, in establishing a *prima facie* case of obviousness, the initial burden is placed on the Examiner. "To support the conclusion that the claimed invention is directed to obvious subject matter, either the references must expressly or impliedly suggest the claimed invention or the examiner must present a convincing line of reasoning as to why the artisan would have found the claimed invention to have been obvious in

light of the teachings of the references. *Ex parte Clapp*, 227 USPQ 972, 973 (Bd. Pat. App. & Inter. 1985).” *Id.* See also MPEP §706.02(j) and §2142.

### **OBVIOUSNESS REJECTION BASED ON AKERS IN VIEW OF BROOK**

Claims 1-51 have been rejected under 35 U.S.C. 103(a) as being unpatentable over Akers et al., U.S. Patent No. 6,112,182 in view of Brook et al., U.S. Patent No. 6,170,746. As Akers and Brook fail to teach or suggest all the limitations of the rejected claims, Applicants respectfully traverse this rejection, as hereinafter set forth.

Independent claim 1, as amended herein, recites a computer programmed method for providing medication administration comments. The method comprises accepting a medication administrator identification for a medication administrator and accepting a patient identification for a patient from the medication administrator. The method further comprises displaying a graphical user interface listing one or more medications scheduled for administration to the patient and accepting the selection of one of the listed medications. It is determined whether a condition for a compliance rule has been satisfied, where the compliance rule relates to the selected medication and has an associated comment. At the bedside of the patient in a hospital setting, the comment associated with the compliance rule is displayed on a display device when the condition has been satisfied. Displaying the comment associated with the compliance rule at the bedside of a patient in a hospital setting enables hospitals to reduce medication errors by electronically providing valuable and comprehensive medication information needed to improve the safety and quality of the care of the patient at the patient’s bedside.

By way of contrast, Akers teaches a pharmacy computer management system 102, linking process 104 and pharmacist care service management system 106 carried out by a data processing system or machine such as a specially programmed computer 202. The specially

programmed computer 202 is located in a pharmacy or near a point of sale. See Column 3, Lines 3-5. The pharmacist care service management system 106 includes a complementary care process 108. The complementary care process 108 enables healthcare related actions to be triggered under user-defined conditions during execution of a prescription filling process. The actions triggered may include supplemental instructions relating to the use of the drug. See Column 4, Lines 18-31. The actions are displayed by the computer 202 which is located in a pharmacy or near the point of sale in a queue to the pharmacist. See Column 4, Lines 33-36 and Column 5, Lines 55-57. Furthermore, the Akers reference teaches that the pharmacist care processes 106 are used in connection with administration of healthcare services that are not rendered under the immediate supervision of a doctor. See Column 3, Lines 48-51.

As such, Akers does not teach or suggest displaying at the bedside of the patient in a hospital setting the comment associated with the compliance rule when the condition has been satisfied. Rather, Akers teaches displaying details of actions listed in the patient care action record in a queue to a pharmacist on a data processing device or computer located in the pharmacy or near point of sale. A pharmacist in the pharmacy or near the point of sale is not located at the bedside of the patient in a hospital setting.

Further, Brook also does not teach nor suggest displaying at the bedside of the patient in a hospital setting a comment associated with a compliance rule when the condition has been satisfied. Rather, Brook teaches a system for tracking drugs in a hospital. The system of Brook uses a portable barcode scanning and printing system to reduce errors in the quantity of a drug being added or removed from inventory at a location. Brook does not teach nor suggest displaying comments associated with one or more compliance rules being satisfied at the bedside of a patient in a hospital setting.

In view of the above, it is respectfully submitted that Akers in view of Brook fails to teach or suggest all of the limitations of independent claim 1 and a *prima facie* case of obviousness cannot be established for the claims based upon the cited combination. *See, In re Vaeck*, 947 F.2d 488, 20 USPQ 2d 1438 (Fed. Cir. 1991). Accordingly, withdrawal of the 35 U.S.C. § 103(a) rejection of claim 1 is requested. Furthermore, as claims 2-17 depend directly or indirectly from claim 1, Applicants request withdrawal of the 103(a) rejection of these claims as well.

Independent claim 18, as amended herein, recites a system for providing medication administration comments. The system comprises (a) a computer having a memory and a processor; (b) a compliance rule stored in said memory, wherein the compliance rule is associated with a medication and maintains a condition and a comment relating to the medication; (c) a program executing on said computer and (d) a graphical user interface (GUI) executing on said computer.

The program accepts a medication administration identification for a medication administrator and accepts a patient identification for a patient from the medication administrator. The program further accepts a selection of a listed medication and determines if the condition for the compliance rule has been satisfied. The graphical user interface is configured to list one or more medications scheduled for administration to the patient and display at the bedside of the patient in a hospital setting the comment associated with the selected medication when the program determines that the condition for the compliance rule has been satisfied.

By way of contrast, Akers teaches a pharmacy computer management system 102, linking process 104 and pharmacist care service management system 106 carried out by a data processing system or machine such as a specially programmed computer 202. The specially

programmed computer 202 is located in a pharmacy or near a point of sale. See Column 3, Lines 3-5. The pharmacist care service management system 106 includes a complementary care process 108. The complementary care process 108 enables healthcare related actions to be triggered under user-defined conditions during execution of a prescription filling process. The actions triggered may include supplemental instructions relating to the use of the drug. See Column 4, Lines 18-31. The actions are displayed by the computer 202, which is located in a pharmacy or near the point of sale in a queue to the pharmacist. See Column 4, Lines 33-36 and Column 5, Lines 55-57. Furthermore, the Akers reference teaches that the pharmacist care processes 106 are used in connection with administration of healthcare services that are not rendered under the immediate supervision of a doctor. See Column 3, Lines 48-51.

As such, Akers does not teach or suggest a graphical user interface configured to display at the bedside of the patient in a hospital setting the comment associated with the compliance rule when the condition has been satisfied. Rather, Akers teaches displaying details of actions listed in the patient care action record in a queue to a pharmacist on a data processing device or computer located in the pharmacy or near point of sale. A pharmacist in the pharmacy or near the point of sale is not located at the bedside of the patient in a hospital setting.

Further, Brook also does not teach nor suggest a graphical user interface configure to display at the bedside of the patient in a hospital setting a comment associated with a compliance rule when the condition has been satisfied. Rather, Brook teaches a system for tracking drugs in a hospital. The system of Brook uses a portable barcode scanning and printing system to reduce errors in the quantity of a drug being added or removed from inventory at a location. Brook does not teach nor suggest a graphical user interface configured to display

comments associated with one or more compliance rules being satisfied at the bedside of a patient in a hospital setting.

In view of the above, it is respectfully submitted that Akers in view of Brook fails to teach or suggest all of the limitations of independent claim 18 and a *prima facie* case of obviousness cannot be established for the claims based upon the cited combination. *See, In re Vaeck*, 947 F.2d 488, 20 USPQ 2d 1438 (Fed. Cir. 1991). Accordingly, withdrawal of the 35 U.S.C. § 103(a) rejection of claim 1 is requested. Furthermore, as claims 19-34 depend directly or indirectly from claim 18, Applicants request withdrawal of the 103(a) rejection of these claims as well.

Independent claim 35, as amended, recites an article of manufacture comprising a program storage medium readable by a computer and embodying one or more instructions executable by the computer to perform a method for providing medication administration comments. The method comprises accepting a medication administrator identification for a medication administrator and accepting a patient identification for a patient from the medication administrator. A graphical user interface displays a listing one or more medications scheduled for administration to the patient. The selection of one of the listed medications is accepted and it is determined if a condition for a compliance rule has been satisfied, where the compliance rule relates to the selected medication and has an associated comment. At the bedside of the patient in a hospital setting, the comment associated with the compliance rule is displayed on a display device when the condition has been satisfied.

Akers teaches a pharmacy computer management system 102, linking process 104 and pharmacist care service management system 106 carried out by a data processing system or machine such as a specially programmed computer 202. The specially programmed computer

202 is located in a pharmacy or near a point of sale. See Column 3, Lines 3-5. The pharmacist care service management system 106 includes a complementary care process 108. The complementary care process 108 enables healthcare related actions to be triggered under user-defined conditions during execution of a prescription filling process. The actions triggered may include supplemental instructions relating to the use of the drug. See Column 4, Lines 18-31. The computer 202 displays the actions, which is located in a pharmacy or near the point of sale in a queue to the pharmacist. See Column 4, Lines 33-36 and Column 5, Lines 55-57. Furthermore, the Akers reference teaches that the pharmacist care processes 106 are used in connection with administration of healthcare services that are not rendered under the immediate supervision of a doctor. See Column 3, Lines 48-51.

As such, Akers does not teach or suggest displaying at the bedside of the patient in a hospital setting the comment associated with the compliance rule when the condition has been satisfied. Rather, Akers teaches displaying details of actions listed in the patient care action record in a queue to a pharmacist on a data processing device or computer located in the pharmacy or near point of sale. A pharmacist in the pharmacy or near the point of sale is not located at the bedside of the patient in a hospital setting.

Further, Brook also does not teach nor suggest displaying at the bedside of the patient in a hospital setting a comment associated with a compliance rule when the condition has been satisfied. Rather, Brook teaches a system for tracking drugs in a hospital. The system of Brook uses a portable barcode scanning and printing system to reduce errors in the quantity of a drug being added or removed from inventory at a location. Brook does not teach nor suggest displaying comments associated with one or more compliance rules being satisfied at the bedside of a patient in a hospital setting.

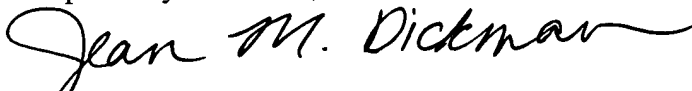
In view of the above, it is respectfully submitted that Akers in view of Brook fails to teach or suggest all of the limitations of independent claim 35 and a *prima facie* case of obviousness cannot be established for the claims based upon the cited combination. *See, In re Vaeck*, 947 F.2d 488, 20 USPQ 2d 1438 (Fed. Cir. 1991). Accordingly, withdrawal of the 35 U.S.C. § 103(a) rejection of claim 1 is requested. Furthermore, as claims 36-51 depend directly or indirectly from claim 35, Applicants request withdrawal of the 103(a) rejection of these claims as well.

### CONCLUSION

Each of claims 1-51 is believed to be in condition for allowance, and a timely notice of allowance solicited. Should it be determined that additional issues remain which might be resolved by a telephone conference, the Examiner is respectfully invited to contact Applicant's undersigned attorney.

It is believed that no fee is due in conjunction with the present Amendment. However, if this belief is in error, the Commissioner is hereby authorized to charge any amount required, or credit any overpayment, to Deposit Account No. 19-2112.

Respectfully submitted,



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